

MS AF REPLY UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER  Docket No. 2091-0230P											
Application 09/760,843-Con		Filing I January 1		Examiner T. Duong		Art Unit 2145					
	Applicant(s): Hironobu ISHIDA										
Invention: METHO		US, AND REC	ORDING ME	DIUM FOR CONTR	ROLLING	IMAGE DATA					
MS AF Commissioner for F P.O. Box 1450 Alexandria, VA 223 Transmitted here	s13-1450 with is an ame			• •							
The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate							
Total Claims	60	- 75 =		х							
Independent Claims	5	- 5 =		×							
Multiple Depend	ent Claims (ch	eck if applicabl	e)								
Other fee (pleas	e specify): E	extension for res	ponse within f	rst month		120.00					
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:		120.00						
X Large Entity											
x Charge a  Michael K. Mutt  Attorney Reg. N	Mn +	ipg or application	n processing	fees required under 3  Dated:							
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000											

Name (Print/Type) Michael K. Mutter

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

Complete if Known   Pees pursuant to the Consolidated Appropriations Act, 2005 (Hz. 4-818).   EFE TRANSMITTAL   Filing Date   January 17, 2001   First Named Inventor   Hironobu ISHIDA   Examiner Name   T. Duong   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2145   Art Unit   2145	Linder the Pa	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE or respond to a collection of information unless it displays a valid OMB control number							
FEE TRANSMITTAL FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 120.00  At Unit 2145  TOTAL AMOUNT OF PAYMENT (\$) 120.00  METHOD OF PAYMENT (check all that apply)  X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  Charge eny additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEE'S SEARCH FEES SEARCH FEES Small Entity Fee (\$) Fe	Effective on 12/08/2004.								
FIRST Named Inventor   Hironcobu ISHIDA					· · · · · · · · · · · · · · · · · · ·				
FIRST Named Inventor   Hironcobu ISHIDA	FFF	TRANS	MITTAI				January 17, 2001		
Application Type Fee (\$) Fee (									
METHOD OF PAYMENT (check all that apply)   X   Check	For FY 2005						T. Duong		
METHOD OF PAYMENT (check all that apply)    X   Check   Credit Card	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2145		
X Check	TOTAL AMOU	NT OF PAYMENT	(\$) 120.00	)	Attorney Do	ocket No.	2091-0230P		
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Fee (\$) Fee	METHOD OF	PAYMENT (check	all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FE	x Check	Credit Card	Money Order	Nor	ne C	ther (please id	entify):		<u>-</u>
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments	Deposit Ac	count Deposit Account	 Number: 02-2448	Deposit Acc	ىــــا :ount Name	Birch, S	Stewart, Kolasc	h & Birch, LL	_P
X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit   X   Credit any overpayments   X   Credit   X	For the	above-identified dep	osit account, the	Director is	hereby auti	norized to: (ch	neck all that apply	<i>(</i> )	
Total Claims	Гс	harge fee(s) indicate	d below			harge fee(s)	indicated below,	except for the	e filing fee
Application Type				yment of	ХC	redit any ove	rpayments		
Filling FEES   Small Entity   Fee (\$)   Fee	FEE CALCU	LATION							
Application Type	1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FE	ES					
Application Type		F		SEA	ARCH FEE	S EXAM	INATION FEE	S	
Utility 300 150 500 250 200 100  Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Samall Entity Fee (\$) Fee (\$)  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Samall Entity Fee (\$)  Fee (\$) Fee (\$)  Fee (\$)  Fee Paid (\$)  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Samall Entity Fee (\$)  Fee (\$)  Fee (\$)  Fee Paid (\$)  Fee (\$)  Fee Paid (\$)  Total Sheets Extra Claims Pee (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  Fee Paid (\$)	Application T	vne Fee (		Foo (\$					aid (\$)
Design   200   100   100   50   130   65								reesre	aid (\$)
Plant   200   100   300   150   160   80	•								
Reissue	<del>-</del>								
Provisional   200   100   0   0   0   0   0   0									
2. EXCESS CLAIM FEES Fee Obscription Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Fee (\$)									
Fee (\$) Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims			100	U	U	Ū	Ū		Emall Entity
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Support Fee Paid (\$)  Fee Paid (\$)  Support Fee Paid (\$)  Support Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month  120.00									
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Superior of the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month  120.00			sues)						25
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  60 -75 =	Each independe	ent claim over 3 (incl	luding Reissues)					200	
Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)	Multiple depend	dent claims						360	180
Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)	Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)		Multiple Depen	dent Claims	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x =   4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00	60	- 75 =					Fee (\$)	Fee Paid (\$)	
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		013011	#394	191			0 Telephone	(703) 205	-8000

Birch, Stewart, Kolasch & Birch, LLP MKM/HNS/ags

Date

July 1, 2005